

CLINICAL TRAINEE TMS REGISTRATION FORM
VA Medical Center Huntington, WV

This information will be kept confidential. All fields are required.

Legal Name	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
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Home Email Address

Other Email:

Education Information

Program Start Date	Program End Date
Program of Study	School Name
Position	

Service or Department Assigned/Requested

Have you **ever** had computer access at this VA or any another VA? YES, List Below

Provide Facility and User ID for TMS: _____

Do you currently have a TMS account at another VA? YES NO

(TMS.va.gov is the internet site where you complete the required training) If so, list the name of the VA and your TMS ID. _____